

Community Support Transition

Legislative Oversight Committee
on MH/DD/SAS

September 23, 2009



Transition Points Required by Special Provision

- Service to be eliminated June 30, 2010
- No new admissions allowed unless other services not available – plan for 01/01/10
- Paraprofessional component eliminated w/in 60 days of enactment – 10/12/09
- Requests for authorization require a discharge plan



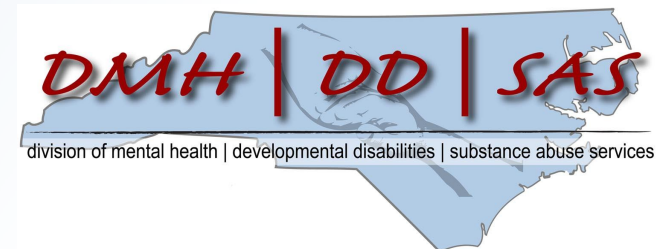
Transition Process

- Convened broad-based stakeholder group
 - 30+ representing provider agencies
 - LME representatives
 - Consumers and Consumer/Family Associations
 - ValueOptions
 - DHHS Staff
- Began meeting August 6; have held 5 meetings to date



Review of Data

- Service utilization – Medicaid and state funds
 - 14,107 adults, 23,523 children
 - 4,083 living in Adult Care Homes
 - Variability by LME
 - Child: Johnston, MH Partners, Onslow-Carteret lowest; Albemarle, ECBH, Southeastern Regional highest
 - Adult: Johnston, Wake, Guilford lowest; Pathways, WHN, Southeastern Regional highest
- Utilization of other services
- Diagnostic trends
- Provider information
 - 797 providers
 - 98 offer CS only



New Service

- Peer Support
 - Service for adults (18 and over)
 - Medicaid and state funds
 - Provider must be comprehensive agency – not stand-alone service
 - Licensed clinician oversight
 - Peers must be certified in accordance with DHHS requirements
 - minimum 60 hours of training (UNC certifies training curricula and trainers)
 - Aid consumer in transitions (hospital, jail, home, etc.)
 - Assist consumer to learn how to manage their symptoms and illness
 - Help develop natural supports and self-advocacy skills



Work Groups

- Comprehensive Service Provider
 - Goal is to develop provider organizations that can deliver array of services to provide continuity of care for consumers.
 - Services to be included and excluded
 - Provider requirements – staffing, etc.
- Endorsement for Replacement Services
 - Ensure quality, aid provider transition
- Clinical transitions
 - Estimate alternative services not obvious for 1/3 of current caseload
 - Clinical staff reviewing alternatives



Current Activities

- Providers have primary responsibility for transition of consumers currently being served
 - Effective 9/28/09 all requests must be accompanied by a discharge plan
- LMEs
 - meeting with providers to advise of changes and make sure they are aware of alternatives available for consumers
 - paying special attention to providers serving large numbers and serving high-need consumers
 - recruiting providers for alternative services



Impact on Other Providers

- LMEs working to recruit alternative service providers
- Until case management alternative is implemented, some providers who previously did not have responsibility for development of person centered plans will be asked to take on that task:
 - Child and Adolescent Day Treatment,
 - Psychosocial Rehabilitation,
 - Opioid Treatment,
 - SA Medically-Monitored Community Residential Treatment,
 - SA Non-Medical Community Residential Treatment, and
 - Partial Hospitalization



Future Plans

- Next meeting of full group is October 1.
- Peer Support and case management service definitions submitted to CMS for review

- All material available on the web:

http://www.dhhs.state.nc.us/mhddsas/comm_support/index.htm

